

Business Enhancement & Beautification Grant Application

Business Name_____

Owner/s Name_____ Contact Phone #_____

Physical Address_____ Mailing Address_____

Please describe your current business and how, if granted, you will use the Business Enhancement/Beautification Grant to improve or make changes to the existing business. Also, detail how the proposed changes will enhance your current business.

Cost estimate and proposed budget for project. (you may attach a spreadsheet)

The grant review committee requests a follow-up discussion 6 months post project completion to explore the outcomes. Is this acceptable to you? _____

Please return the completed application to the Lisbon Civic & Commerce Office - 417 Main or PO Box 812, Lisbon ND 58054.

Date Received _____

Approved _____ Denied _____

Explanation of Denial

Check issue date & amount

- Copies of receipts